



**Texas Department of Agriculture**  
**Produce Recovery Claim**  
**Questionnaire/Investigation Report**

**RPC-404**

TODD STAPLES, COMMISSIONER

<b>SECTION A</b>	<b><sup>1</sup> BUSINESS INFORMATION</b>			<b>TDA USE ONLY</b>	
	Full legal business name (owner's name if sole proprietor – no aliases)			Claim No.	
	Comptroller Taxpayer ID No.	Social Security No. (sole proprietors only)			
	- -				
	<b><sup>2</sup> BUSINESS MAILING ADDRESS</b>				
	Address				
	City	State	Zip	County	
	<b><sup>3</sup> RESPONSIBLE PERSON INSTRUCTIONS</b>				
	Please list the full legal name (no aliases or nicknames) of the primary person responsible for the business, as indicated: <ul style="list-style-type: none"> <li>♦ For a corporation, limited liability company, or cooperative, the president or CEO,</li> <li>♦ For a limited or general partnership, the managing partner or general manager,</li> <li>♦ For a sole proprietorship, the owner,</li> <li>♦ For any other type of business, the general manager.</li> </ul>				
	<b><sup>4</sup> RESPONSIBLE OFFICER, PARTNER, MANAGER, OR OWNER</b>				
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	First Name	M. I.	Last Name		
<input type="checkbox"/> Ms. <input type="checkbox"/> _____					
Phone No. (      ) -      Ext.		E-mail			
<b><sup>5</sup> RESPONSIBLE PERSON MAILING ADDRESS</b>					
Address					
City	State	Zip	County		
<b><sup>6</sup> LICENSE STATUS</b>					
Is party licensed under the Produce Recover Fund?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, TDA License No. (if applicable) _____					

This document becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.)

Legal Business Name \_\_\_\_\_

<b>SECTION B</b>	<b><sup>1</sup> AGREEMENT INFORMATION</b>		
	Agreement Type: <input type="checkbox"/> Oral <input type="checkbox"/> Written (attach copy)		
	Explain the terms of the agreement: <input type="checkbox"/> 30 days <input type="checkbox"/> 45 days <input type="checkbox"/> 90 days <input type="checkbox"/> Other _____ _____ _____ _____		
	Who were the parties to the agreement/contract? _____ _____		
	Date and Location of agreement: _____		
	Type of produce	Where produce was grown (county and state)	Price or Value
	Quantity (how much, how many)		Quality (grade, etc.)
	Inspection performed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach copy of the report and/or explain results. _____ _____ _____		
	Place of delivery		Method of Delivery
	<b><sup>2</sup> AGREEMENT COMPLIANCE</b>		
Did you comply with the agreement? State what you did or failed to do. _____ _____ _____			
What did the other party do or fail to do? _____ _____ _____			

Legal Business Name \_\_\_\_\_

<b>SECTION B (CON'T)</b>	<b><sup>3</sup> PAYMENT INFORMATION</b>	
	What payments have been made to date under the agreement? (Specify the date and amount of payment)	Balance Owed?
	If complainant, specify how the amount due was determined. _____ _____ _____	
	When was payment to be made?	
	Has demand for payment been made? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Orally <input type="checkbox"/> In writing (Attach copy)	Date of Demand      /      / month   day      year

<b>SECTION C</b>	<b><sup>1</sup> ADDITIONAL INFORMATION</b>	
	Other than that stated above, are any other parties and/or transactions involved in this claim? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain. _____ _____	
	List additional facts important to this claim. (Attach additional sheets, if necessary) _____ _____ _____ _____ _____ _____ _____	
	Has any action been filed with the Perishable Agricultural Commodity Act (PACA) on this claim? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the status of that claim? _____ _____ _____	
	Has Respondent filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, has Proof of Claim been filed with the Bankruptcy Court? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Legal Business Name \_\_\_\_\_

<b>SECTION D</b>	<b><sup>1</sup> SIGNATURE</b>	
	The undersigned represents that he/she has the authority to represent the <input type="checkbox"/> Complainant <input type="checkbox"/> Respondent And that the foregoing information is true and correct to the best of his/her knowledge.	
	Name	Title
	Signature	Date        /        / month   day    year

<b>SECTION E</b>	<b><sup>1</sup> CHECKLIST</b>
	<p>Please use this checklist to ensure you are sending all of the necessary information and documents.</p> <p><input type="checkbox"/> Produce Recovery Claim Questionnaire/Investigation Report.</p> <p><input type="checkbox"/> Written agreement/contract, if applicable.</p> <p><input type="checkbox"/> Copy of Inspection Report, if applicable.</p> <p><input type="checkbox"/> Documents to support the claim or defense (invoices, weigh slips, correspondence/letters, etc.)</p>